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| FY 2009  (Fees pursuant to the Consolidated Appropriations Act, 2005 (R.R. 4818).)  Application Number 10/1728,277  Filed December 4, 2003  For "TREATMENT OF MUCOSITIS"  Art Unit 1612  Examiner Roberts, Lezah  This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  Fee Small Entity Fee  One month (37 CFR 1.17(a)(1)) \$130 \$65 \$  | PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |  |   |                                 | Docket Number (Optional)        |                                 |  |
|---|---|--|---|---------------------------------|---------------------------------|---------------------------------|--|
| For "TREATMENT OF MUCOSITIS"  Art Unit 1612   |   |  |   |                                 | 42830-10010                     |                                 |  |
| Art Unit 1612  This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Fee   | Application Number 10/728,277   |  |   |                                 | Filed December 4                | Filed December 4, 2003          |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Fee  | For   | "TRE   | EATMENT OF MUCOSITIS"   |                                 |                                 |                                 |  |
| application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Fee   | Art Unit 1612   |  |   |                                 | Examiner Roberts, Lezah         |                                 |  |
| One month (37 CFR 1.17(a)(1)) \$130 \$65 \$     Two months (37 CFR 1.17(a)(2)) \$490 \$245 \$490     Three months (37 CFR 1.17(a)(3)) \$1110 \$555 \$     Four months (37 CFR 1.17(a)(4)) \$1730 \$865 \$     Four months (37 CFR 1.17(a)(4)) \$1730 \$865 \$     Flive months (37 CFR 1.17(a)(5)) \$2350 \$1175 \$     Applicant claims small entity status. See 37 CFR 1.27.     A check in the amount of the fee is enclosed.     Payment by credit card. Form PTO-2038 is attached.     The Director has already been authorized to charge fees in this application to a Deposit Account.     The Director has already been authorized to charge fees in this application to a Deposit Account.     The Director has already been authorized to charge fees which may be required, or credit any overpayment, to Deposit Account Number 50-1419     WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.     I am the   | This is applica   | a req<br>ation.                                    | uest under the provisions of 37 CFR 1.13                                      | 6(a) to extend the per          | iod for filing a reply in the   | ne above identified             |  |
| One month (37 CFR 1.17(a)(1))   \$130   \$85   \$ 490   | The re  | quest  | ed extension and fee are as follows (chec                                     | k time period desired           | and enter the appropria         | ite fee below):                 |  |
| Two months (37 CFR 1.17(a)(2)) \$490 \$245 \$490  □ Three months (37 CFR 1.17(a)(3)) \$1110 \$555 \$ □ Four months (37 CFR 1.17(a)(4)) \$1730 \$865 \$ □ Four months (37 CFR 1.17(a)(5)) \$2350 \$1175 \$ □ Applicant claims small entity status. See 37 CFR 1.27. □ A check in the amount of the fee is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director has already been authorized to charge fees in this application to a Deposit Account. □ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number50-1419   |   | _  |   |                                 | Small Entity Fee                |                                 |  |
| Three months (37 CFR 1.17(a)(3)) \$1110 \$555 \$    Four months (37 CFR 1.17(a)(4)) \$1730 \$885 \$   Five months (37 CFR 1.17(a)(5)) \$2350 \$1175 \$   Applicant claims small entity status. See 37 CFR 1.27.   A check in the amount of the fee is enclosed.   Payment by credit card. Form PTO-2038 is attached.   The Director has already been authorized to charge fees in this application to a Deposit Account.   The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number   |   |  | One month (37 CFR 1.17(a)(1))   | \$130                           | \$65                            | \$                              |  |
| Four months (37 CFR 1.17(a)(4)) \$1730 \$865 \$   |   | $\checkmark$                                       | Two months (37 CFR 1.17(a)(2))  | \$490                           | \$245                           | \$_490                          |  |
| Five months (37 CFR 1.17(a)(5)) \$2350 \$1175 \$  |   |  | Three months (37 CFR 1.17(a)(3))  | \$1110                          | \$555                           | \$                              |  |
| Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1419  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  attorney or agent under 37 CFR 1.34.  Registration Number  Signature  Ross E. Breyfogle  Typed or printed name  Telephone Number  Telephone Number  Tors Signatures of all the liventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one   |   |  | Four months (37 CFR 1.17(a)(4))   | \$1730                          | \$865                           | \$                              |  |
| A check in the amount of the fee is enclosed.  ☐ Payment by credit card. Form PTO-2038 is attached.  ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.  ☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  |   |  | Five months (37 CFR 1.17(a)(5))   | \$2350                          | \$1175                          | \$                              |  |
| Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1419  WARNINC: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. The statement of the entire interest of the | A   | plicar   | nt claims small entity status. See 37 CFR                                     | 1.27.                           |                                 |                                 |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1419  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  I am the   | A   | A check in the amount of the fee is enclosed.      |   |                                 |                                 |                                 |  |
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| Deposit Account Number 50-1419  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  I am the  | TI  | ne Dir   | ector has already been authorized to  | charge fees in this             | application to a Depo           | sit Account.                    |  |
| Provide credit card Information and authorization on PTO-2038.  I am the  |   |  |   |                                 |                                 |                                 |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  attomey or agent of record. Registration Number  attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 36.759  Signature  Ross E. Breyfogle  Ross E. Breyfogle  Typed or printed name  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one   |   |  |   |                                 | nation should not be inc        | luded on this form.             |  |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  attorney or agent of record. Registration Number  | lami  | the  | applicant/inventor.   |                                 |                                 |                                 |  |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34.  Signature  Ross E. Breyfogle  Ross E. Breyfogle  Typed or printed name  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one   |   |  |   |                                 |                                 |                                 |  |
| Registration number if acting under 37 CFR 1.34 36,759    Modular & 20/0  |   |  | attorney or agent of record. Re   | egistration Number              |                                 |                                 |  |
| Ross E. Breyfogle (303) 770-0051  Typed or printed name Telephone Number  NOTE: Signatures of all the inventors or assignces or record of the entire interest or their representative(s) are required. Submit multiple forms if more than one   | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 36,759 |  |   |                                 |                                 |                                 |  |
| Ross E. Breyfogle (303) 770-0051  Typed or printed name Telephone Number  NOTE: Signatures of all the inventors or assignces or record of the entire interest or their representative(s) are required. Submit multiple forms if more than one   | _   | _/   | 20//-   |                                 | Movenson                        | -8,2010                         |  |
| Typed or printed name  Telephone Number  Tolephone Number  NOTE: Signatures of all the inventors or assignees or record of the entire interest or thair representative(s) are required. Submit multiple forms if more than one  |   | ,  | · · · · · · · · · · · · · · · · · · ·   |                                 |                                 | Date                            |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one   | _   | Ross E. Breyfogle                                  |   |                                 | (303) 770-0051                  |                                 |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one   |   |  | Typed or printed name   |                                 | Teleph                          | one Number                      |  |
| signature is required, see below  | NOTE: S   | ignatur<br>is requ                                 | es of all the inventors or assignees of record of the en<br>uired, see below. | ntire interest or their represe | ntative(s) are required. Submit | multiple forms if more than one |  |
| Total of1 forms are submitted.  | ✓   | Total  | of1 forms ar  | re submitted.                   |                                 |                                 |  |

This addiction of information in required by 37 CPF 1.1 35(a). The information is required to deliver or retain a bornot by the public which is to the (pind by the USFT 0.2 roses) are application. Controlled the property of the USFT 0.2 roses and 57 CPF 1.1 tran 41.1. The collection is estimated to a set of mode as a complete, including pathering, precasing, and submitting the completed application from to the USFT 0. Time will wary depending symmetric and the completed application from the USFT 0. Time will say depending symmetric and the amount of time you required to complete this firm analor's suggestions for reducing this burson, should be sent to the Chief Information Officer, U.S. Prietra and Trademark Office, U.S. Department of Commerce, P.O. Sex 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMST OT 1184 SONRESS, SEND TO Commission for Patents, P.O. Dos 1450, Alexandria, VA 22313-1450.